GED TRANSCRIPT AND DUPLICATE CERTIFICATE REQUEST FORM

VIRGINIA DEPARTMENT OF EDUCATION

GENERAL INFORMATION AND DIRECTIONS:

Total Transcripts (\$5.00 per copy)

Date of Birth
Last Name
First Name

Total Duplicate Certificates (\$10.00 per copy)
Social Security Number or Tester ID Number

- This form should be completed for all individuals that have taken the GED Tests in **Virginia only**.
- Requests may be mailed or completed at the GED Office.
- All requests must have a completed form with appropriate signatures - incomplete requests will not be processed and will be returned to sender with all fees.
- All requests take approximately 7-10 business days to complete once received.
- All fees must be paid with a check or money order only –
 made payable to *Treasurer of Virginia*. The GED Office is
 unable to accept payments in cash as of May 1, 2007.
- Transcripts are \$5.00 per copy; duplicate certificates are \$10.00 per copy.
 All fees are non-refundable.



BY MAIL:

Virginia Department of Education Office of Adult Education and Literacy GED Services P.O. Box 2120 Richmond, VA 23218-2120



WALK-IN:

James Monroe Building GED Services – 21st Floor 101 N. 14th Street Richmond, VA 23219 (Corner of 14th and Franklin Street)

Please complete this form as accurately as possible. We will send your records to a maximum of two locations – indicate the primary and secondary addresses along with the number of transcripts and/or certificates to send. By signing, you consent to the release of your GED records.

Middle Name/Initial				
Full Name at Time o	f Testing			
Current Address (Lir	ne 1)			
Current Address (Lir	ne 2) or Apt. #			
City, State, Zip code				
Home Phone (including area code)				
Work Phone (including	g area code)			
Email Address				
Approximate Date(s)) Tested in Virginia	a		
				_
Send to:		Primary		Secondary
Send to: Number of Copies	Transcript	Primary Certificate	Transcript	Secondary Certificate
	Transcript			
Number of Copies	Transcript			
Number of Copies Full Name	Transcript			
Number of Copies Full Name Address (Line 1)	Transcript			
Number of Copies Full Name Address (Line 1) Address (Line 2)	Transcript			
Number of Copies Full Name Address (Line 1) Address (Line 2) City	Transcript			
Number of Copies Full Name Address (Line 1) Address (Line 2) City State	Transcript			